

# New Hampshire Communicable Disease Report Form 2008

## DISEASE:

Patient Name \_\_\_\_\_  
(Last) (First) (M.I.)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation/Employment \_\_\_\_\_

### Race

- ☐ White  
☐ Black  
☐ Asian  
☐ Pacific Islander  
☐ Native Am./Alaskan Native  
☐ Other  
☐ Unknown

### Ethnicity

- ☐ Hispanic  
☐ Not Hispanic  
☐ Unknown

### Miscellaneous Information

(check all that apply)

- ☐ Pregnant # of weeks \_\_\_\_\_  
☐ Healthcare Worker  
☐ Nursing Home Resident / Worker  
☐ Day Care Child / Worker  
☐ Food Service Worker  
☐ Deceased  
☐ Hospitalized (if yes, where?) \_\_\_\_\_

Symptom Onset Date \_\_\_\_\_

Diagnosis Date \_\_\_\_\_

Date of Test \_\_\_\_\_

Type of Test \_\_\_\_\_

TB (PPD) mm \_\_\_\_\_

Chest X-ray Date: \_\_\_\_\_

Chest X-ray: ☐ Abnormal ☐ Normal

### Specimen Source

- ☐ Blood ☐ Cervix  
☐ Stool ☐ Urethra  
☐ Urine ☐ Rectum  
☐ Pharynx ☐ Unknown  
☐ Other (specify) \_\_\_\_\_

### Treatment

Date \_\_\_\_\_

Drug \_\_\_\_\_

Dosage \_\_\_\_\_ Days \_\_\_\_\_

### Patient aware of diagnosis?

- ☐ YES ☐ NO  
☐ Unknown

If reporting a Vaccine Preventable Disease, please indicate if patient was previously vaccinated for this infection:

☐ NO ☐ YES Date Administered: \_\_\_\_\_

### Healthcare Provider Information

Reported by \_\_\_\_\_ Report Date \_\_\_\_\_

Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

Provider Facility \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### How to Report a Communicable Disease in NH

Phone: 1-603-271-4496 or 1-800-852-3345 ext. 4496

Hotline: 1-888-836-4971

After Hours Response: 1-603-271-5300

Toll Free After Hours: 1-800-852-3345 ext. 5300

Fax: 1-603-271-0545 **Do Not FAX HIV/AIDS reports**

Mail: NH Department of Health and Human Services  
Communicable Disease Control & Surveillance  
29 Hazen Drive, Concord, NH 03301-6504



NH RSA 141-C and He-P300 mandate reporting of the listed communicable diseases by all physicians, labs, and health care providers. We request prompt reporting of suspect and confirmed cases as well as any suspect outbreaks of illness. All reports are handled under strict confidentiality standards.

**Diseases with an (\*) must be reported within 24 hours of diagnosis**  
**All others must be reported within 72 hours of diagnosis**

- Acquired Immune Deficiency Syndrome (AIDS)
- Anaplasmosis [*Anaplasma Phagocytophilum*]
- Anthrax [*Bacillus anthracis*]\*
- Arboviral infection, including EEE & WNV\*
- Babesiosis [*Babesia microti*]
- Botulism [*Clostridium botulinum*]\*
- Brucellosis [*Brucella abortus*]\*
- Campylobacteriosis [*Campylobacter* species]
- Chlamydial infection [*Chlamydia trachomatis*]
- Cholera [*Vibrio cholerae*]\*
- Coccidioidomycosis [*Coccidioides immitis*]
- Creutzfeldt-Jakob Disease\*
- Cryptosporidiosis [*Cryptosporidium parvum*]
- Cyclospora infection [*Cyclospora cayetanensis*]
- Diphtheria [*Corynebacterium diphtheriae*]\*
- Ehrlichiosis [*Ehrlichia* species]
- Escherichia coli* O157 infection and other Shiga toxin producing *E. coli*
- Giardiasis [*Giardia lamblia*]
- Gonorrhea [*Neisseria gonorrhoeae*]
- Haemophilus influenzae*, invasive disease, sterile site\*
- Hantavirus Pulmonary Syndrome [Hantavirus]\*
- Hemolytic Uremic Syndrome (HUS)
- Hepatitis, viral: A\*, B, E, G
- Hepatitis, viral: positive B surface antigen in a pregnant woman
- Human Immunodeficiency Virus (HIV), including perinatal exposure
- Human Immunodeficiency Virus-related CD4+ counts and all viral loads
- Legionellosis [*Legionella pneumophila*]
- Leprosy, Hansen's disease [*Mycobacterium leprae*]
- Listeriosis [*Listeria monocytogenes*]
- Lyme disease [*Borrelia burgdorferi*]
- Malaria [*Plasmodium* species]
- Measles [Rubeola]\*
- Mumps\*
- Neisseria meningitidis*, invasive disease, sterile site\*
- Pertussis [*Bordetella pertussis*]\*
- Plague [*Yersinia pestis*]\*
- Pneumococcal disease, invasive [*Streptococcus pneumoniae*]
- Pneumocystis pneumonia [*Pneumocystis jiroveci* formerly *carinii*]
- Poliomyelitis [Polio]\*
- Psittacosis [*Chlamydophila psittaci*]\*
- Rabies in humans or animals\*
- Rocky Mountain Spotted Fever [*Rickettsia rickettsii*]
- Rubella, including Congenital Rubella Syndrome\*
- Salmonellosis [*Salmonella* species] (report *S. Typhi*\* within 24 hours)
- Shigellosis [*Shigella* species]
- Streptococcus Group A/B, invasive disease [*S. pyogenes/agalactiae*]
- Syphilis, including Congenital Syphilis Syndrome [*Treponema pallidum*]
- Tetanus [*Clostridium tetani*]
- Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
- Trichinosis [*Trichinella spiralis*]
- Tuberculosis disease [*Mycobacterium tuberculosis*]\*
- Tuberculosis infection, latent
- Tularemia [*Francisella tularensis*]\*
- Typhoid fever [*Salmonella Typhi*]\*
- Typhus [*Rickettsia prowazekii*]\*
- Varicella\*
- Vibriosis [any *Vibrio* species]\*
- Vancomycin Resistant Enterococci (VRE)
- Vancomycin Resistant *Staphylococcus aureus* (VRSA)\*
- Yersiniosis [*Yersinia enterocolitica*]
- Any suspect outbreak, cluster of illness, or unusual occurrence of disease that may pose a threat to the public's health must be reported within 24 hours of recognition (please call reports in by phone)\*